

LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
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LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

☒ I currently hold an office that would require me to file a Tier 2, Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.

This Report Covers Calendar Year: 2015

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ FINAL REPORT WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY)

A final report must be filed on or before May 15 of the year in which your service to that office ends.
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

Office/Position Held: Attorney General

Name of Filer (print full name): Jeffrey Martin Landry

Address (residence): 203 Silver Oak Ln.

City, State, Zip: Broussard, LA 70518

Name of Spouse(if applicable) (print full name): Sharon Louise Leblanc Landry

Spouse's Occupation: Housewife

Principal Business Address: _____

City, State, Zip: _____

Check all that apply:

☐ I have filed my state income tax return for the previous year.

☒ I have filed for an extension of my state income tax return for the previous year.

☐ I have filed my federal income tax return for the previous year.

☒ I have filed for an extension of my federal income tax return for the previous year.

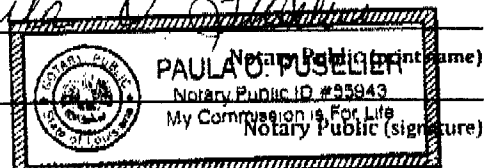
NOTE: La. R.S. 42:1124.1 DOES NOT provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me this 16th day of May, 2016



ID#

Date Commission Expires

At Death
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LOUISIANA BOARD OF ETHICS

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Schedule A: Employment Information

☒ Check if not applicable

☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: Dept. of Justice

Job Title: Attorney General

Job Description: _____

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Job Title: _____

Job Description: _____

- You are required to complete SCHEDULE A to disclose employment information related to both you and your spouse(if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☐ Check if not applicable☐ Filer ☒ Spouse ☐ BothAmount of Interest (where interest exceeds 10%): 20 %Name of Business: Regal DevelopersAddress: P O Box 12240City, State, Zip: New Iberia, LA 70562Business Description: Real Estate HoldingNature of Association: Member☒ Filer ☐ Spouse ☐ BothAmount of Interest (where interest exceeds 10%): 100 %Name of Business: J M Landry + AssocAddress: P O Box 990City, State, Zip: Broussard, LA 70518Business Description: ConsultingNature of Association: Owner☒ Filer ☐ Spouse ☐ BothAmount of Interest (where interest exceeds 10%): 100 %Name of Business: The Law Firm of JMLandryAddress: P O Box 990City, State, Zip: Broussard, LA 70518Business Description: Law FirmNature of Association: Owner

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICS

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Schedule B: Positions - Business

☐ Check if not applicable

☐ Filer ☒ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 20 %

Name of Business: Regal Group

Address: 2212 Belle Ruelle

City, State, Zip: New Iberia, LA 70563

Business Description: Real Estate Holding

Nature of Association: member

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 35 %

Name of Business: The File Dept

Address: P O Box 990

City, State, Zip: Broussard, LA 70518

Business Description: Business file storage

Nature of Association: member

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 50 %

Name of Business: Backwater Advisory Group

Address: 720 St. Nazaire

City, State, Zip: Broussard, LA 70518

Business Description: Consulting

Nature of Association: Partnership

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule B: Positions - Business

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 100 %

Name of Business: Evergreen Contractors

Address: P O Box 990

City, State, Zip: Broussard, LA 70518

Business Description: Service Co

Nature of Association: member

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 100 %

Name of Business: Prime Environmental Resources, LLC

Address: 720 St. Nazaire

City, State, Zip: Broussard, LA 70518

Business Description: Service Co

Nature of Association: member

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 100 %

Name of Business: Prime Response, LLC

Address: 720 St. Nazaire

City, State, Zip: Broussard, LA 70518

Business Description: Service Co

Nature of Association: member

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule B: Positions - Business

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 50 %

Name of Business: W J + Assoc

Address: P O Box 990

City, State, Zip: Broussard, LA 70518

Business Description: Real Estate Holding

Nature of Association: member

☒ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): 25 %

Name of Business: JO Productions

Address: 1019 Albertson Parkway

City, State, Zip: Broussard, LA 70518

Business Description: Service Co

Nature of Association: member

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICS

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Schedule C: Positions - Nonprofit

☒ Check if not applicable

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

Revised October 2014

Form 415A

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Baton Rouge, Louisiana 70821

Schedule D: Other Offices/Positions Held

☒ Check if not applicable (Positions that would require the filing of a Tier 2, Tier 2.1, or Tier 3
Personal Financial Disclosure Statement)

Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	
Name of Office/Position:	

* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2, 42:1124.2.1, or 42:1124.3.

Revised October 2014

Form 415A

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LOUISIANA BOARD OF ETHICS

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Schedule E: Immovable Property

☐ Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)

Address or Location of Property:

☐ Filer ☐ Spouse ☒ Both

State: LA Parish/County: Lafayette

Address: 263 Silver Oak Lane Broussard, LA 70518

Description of Property: Residence

Value of the Interest in the Parcel by Category:

☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

Address or Location of Property:

☐ Filer ☐ Spouse ☐ Both

State: _____ Parish/County: _____

Address: _____

Description of Property: _____

Value of the Interest in the Parcel by Category:

☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

Address or Location of Property:

☐ Filer ☐ Spouse ☐ Both

State: _____ Parish/County: _____

Address: _____

Description of Property: _____

Value of the Interest in the Parcel by Category:

☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to disclose the address, if any, and if no address, the location by state, and parish/county.

* Fair market value and use value are determined by the assessor for purposes of ad valorem taxes.

LOUISIANA BOARD OF ETHICS

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Schedule F: Income from the State, Political

☒ Check if not applicable

Subdivisions, and/or Gaming Interests

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule G: Income**☐ Check if not applicable

(Income that exceeds \$1,000 from each source)

☒ Filer ☐ SpouseName of Source of Income: UST Environmental Service CoAddress: P O Box 990City, State, Zip: Broussard, LA 70518Nature of Services Rendered: Service CoType of Income: DividendsAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☒ Category VI (\$200,000 or more)☒ Filer ☐ SpouseName of Source of Income: The Law Firm of JM LandryAddress: P O Box 990City, State, Zip: Broussard, LA 70518Nature of Services Rendered: Law FirmType of Income: DividendsAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☒ Category VI (\$200,000 or more)☒ Filer ☐ SpouseName of Source of Income: Rackwater Advisory GroupAddress: 720 St. NozairCity, State, Zip: Broussard, LA 70518Nature of Services Rendered: ConsultingType of Income: DividendsAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE G if you or your spouse received income in excess of \$1,000 from each source of income.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* You are not required to disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.

* Income that is reported on Schedule F does not have to be restated on SCHEDULE G.

* If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE H.

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821**Schedule G: Income**☐ Check if not applicable

(income that exceeds \$1,000 from each source)

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse
Name of Source of Income: <u>Service Tool Co</u>	
Address: <u>P O Box 12240</u>	
City, State, Zip: <u>New Iberia, LA 70562</u>	
Nature of Services Rendered: <u>Tool Co</u>	
Type of Income: <u>Dividends</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)	
<input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input checked="" type="checkbox"/> Category VI (\$200,000 or more)	

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse
Name of Source of Income: <u>Regal Developers</u>	
Address: <u>P O Box 12240</u>	
City, State, Zip: <u>New Iberia, LA 70562</u>	
Nature of Services Rendered: <u>Real Estate Holding</u>	
Type of Income: <u>Dividends</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input checked="" type="checkbox"/> Category III (\$25,000-\$49,999)	
<input type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse
Name of Source of Income: <u>J M Landry & Assoc</u>	
Address: <u>P O Box 990</u>	
City, State, Zip: <u>Broussard, LA 70518</u>	
Nature of Services Rendered: <u>Consulting</u>	
Type of Income: <u>Dividends</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$49,999)	
<input checked="" type="checkbox"/> Category IV (\$50,000-\$99,999) <input type="checkbox"/> Category V (\$100,000-\$199,999) <input type="checkbox"/> Category VI (\$200,000 or more)	

* You are required to complete SCHEDULE G if you or your spouse received income in excess of \$1,000 from each source of income.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* You are not required to disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.

* Income that is reported on Schedule F does not have to be restated on SCHEDULE G.

* If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE H.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule G: Income**☐ Check if not applicable

(income that exceeds \$1,000 from each source)

☒ Filer ☐ SpouseName of Source of Income: Evergreen ContractorsAddress: P O Box 990City, State, Zip: Broussard, LA 70518Nature of Services Rendered: Service CoType of Income: DividendsAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☒ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ SpouseName of Source of Income: Prime EnvironmentalAddress: P O Box 990City, State, Zip: Broussard, LA 70518Nature of Services Rendered: Service CoType of Income: DividendsAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)☐ Filer ☐ Spouse

Name of Source of Income: _____

Address: _____

City, State, Zip: _____

Nature of Services Rendered: _____

Type of Income: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE G if you or your spouse received income in excess of \$1,000 from each source of income.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* You are not required to disclose income derived from disability payments from any source; or child support or alimony payments contained in a court order.

* Income that is reported on Schedule F does not have to be restated on SCHEDULE G.

* If the income is derived from professional or consulting services and the disclosure of the source's name or address is prohibited by law or professional code, such income should be disclosed on SCHEDULE H.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Income from Certain Professional or Consulting Services**

☐ CHECK if no income was received from professional or consulting services (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

UTILITIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Electric		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Gas		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Telephone		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Water		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Cable Television Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

TRANSPORTATION	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Intrastate Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Pipeline Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Exploration		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Production		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Oil & Gas Retailers		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

FINANCE & INSURANCE	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Banks		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Savings & Loan Assoc.		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Loan and/or Finance		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Manufacturing Firms		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Mining Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Life Insurance Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Casualty Insurance Comp.		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Other Insurance Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule H: Income from Certain Professional or Consulting Services**☐ Check if not applicable**(CONTINUED)**

RETAIL COMPANIES	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Beer Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Wine Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Liquor Companies		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Beverage Distributors		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

ASSOCIATIONS	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Trade		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Professional		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

OTHER	INDUSTRY TYPE	# OF CLIENTS	AMOUNT OF INCOME BY CATEGORY	INCOME RECIPIENT
	Agriculture	5	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> V <input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Engineering	2	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> V <input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Environmental serv.	3	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> V <input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Aviation	1	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> V <input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
	Construction	2	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input checked="" type="checkbox"/> V <input type="checkbox"/> VI	<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both
			<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both

* You are required to complete SCHEDULE H if you or your spouse received income from a professional or consulting service (including mental health, medical health, or legal services) when the disclosure of the name or address of the source of income would be prohibited by law or by a professional code.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

Category Ranges:

Category I (less than \$5,000)

Category II (\$5,000-\$24,999)

Category III (\$25,000-\$49,999)

Category IV (\$50,000-\$99,999)

Category V (\$100,000-\$199,999)

Category VI (\$200,000 or more)

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

Schedule I: Investment Holdings

(a holding that exceeds \$1,000 in value)

☐ Check if not applicable

☐ Filer ☒ Spouse ☐ Both

Name of Security:

BP Common Stock 600 Shares

Description of Security:

British Petroleum Common Stock

Value by category: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☐ Filer ☒ Spouse ☐ Both

Name of Security:

COP - Conoco Phillips 200 Shares

Description of Security:

Conoco Phillips Common Stock

Value by category: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☐ Filer ☒ Spouse ☐ Both

Name of Security:

VNR Vanguard Natural Resources

Description of Security:

1400 Shares

Value by category: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE I if you or your spouse holds investment securities that have a value that exceeds \$1,000 each.

* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

LOUISIANA BOARD OF ETHICS

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Schedule J: Transactions

(a transaction that exceeds \$1,000)

☒ Check if not applicable

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)

☐ Category II (\$5,000-\$24,999)

☐ Category III (\$25,000-\$49,999)

☐ Category IV (\$50,000-\$99,999)

☐ Category V (\$100,000-\$199,999)

☐ Category VI (\$200,000 or more)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)

☐ Category II (\$5,000-\$24,999)

☐ Category III (\$25,000-\$49,999)

☐ Category IV (\$50,000-\$99,999)

☐ Category V (\$100,000-\$199,999)

☐ Category VI (\$200,000 or more)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction:

☐ Category I (less than \$5,000)

☐ Category II (\$5,000-\$24,999)

☐ Category III (\$25,000-\$49,999)

☐ Category IV (\$50,000-\$99,999)

☐ Category V (\$100,000-\$199,999)

☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures THAT EXCEED \$1,000 EACH, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures.

* You ARE NOT REQUIRED to report information concerning variable annuities, variable life insurance, or variable universal life insurance.

LOUISIANA BOARD OF ETHICS

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Schedule K: Liabilities

(a liability that exceeds \$10,000)

☒ Check if not applicable

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (if applicable): _____

Nature of Liability: _____

Amount of liability: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (if applicable): _____

Nature of Liability: _____

Amount of liability: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip: _____

Name of Guarantor (if applicable): _____

Nature of Liability: _____

Amount of liability: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999) ☐ Category III (\$25,000-\$49,999)
☐ Category IV (\$50,000-\$99,999) ☐ Category V (\$100,000-\$199,999) ☐ Category VI (\$200,000 or more)

* You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes a liability that exceeds \$10,000 each.
* You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

* You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

* You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

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Schedule L: Contributions

☒ Check if not applicable (made within one year of employment- in excess of \$1,000)

Date of Employment: _____ Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____ Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____ Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____ Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

Date of Employment: _____ Salary: \$ _____

Candidate's Name: _____

Amount of Contribution or Loan: \$ _____

* You are required to complete SCHEDULE L if you are 1) directly employed by a statewide elected official to serve as an agency head AND you made a contribution or loan in excess of \$1,000 to the campaign of the official who employed you; and/or, 2) appointed to a state board or commission AND you made a contribution or loan in excess of \$1,000 to a campaign of the official who appointed you.

* You are only required to disclose contributions or loans made within one year of employment or appointment.

* "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.

* "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.

**"Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.